

MINNESOTA STATE DEPARTMENT OF HEALTH
Division of Birth and Death Records and Vital Statistics

15000
84

CERTIFICATE OF DEATH

Registered No. 84

Out No. 3722
 Is transferred by registration

PLACE OF DEATH, STATE OF MINNESOTA
 County Vascon
 Township Woodville
 Village _____
 City _____
 No. _____ St. _____
 (If not on a platification give the NAME (last, first and middle)
 Length of stay:
 Is hospital or institution _____ yrs. _____ mos. _____ days
 Is this a cemetery 32 yrs. _____ mos. _____ days

USUAL RESIDENCE OF DECEASED (If an institution, give place last resided on prior to admission)
 State Minn.
 County Vascon
 Township Woodville
 Village _____
 City _____
 No. _____ St. _____
 Is residence within limits of city or incorporated village _____

FULL NAME Louisa M. Erwin
 (a) SOCIAL SECURITY No. _____ (b) IF VETERAN, Name War _____

SEX Female **COLOR OR RACE** White **Usual Residence** (Write the word)
Woodville
 (a) Is father, mother or deceased, NAME OF HUSBAND OR WIFE Vinton Erwin **AGE** if given _____ Years
DATE OF BIRTH (month, day, year) Apr. 4 1863
 Age Years 84 Months 7 Days 26 **SP. LOSS** (month, day, year) _____

USUAL OCCUPATION House Work

INDUSTRY OR BUSINESS _____

BIRTHPLACE (City or Town) Minn. (State or Country) _____

NAME Carl Sandberg

BIRTHPLACE (City or Town) Sweden (State or Country) _____

MARRIAGE NAME Not Known

BIRTHPLACE (City or Town) Not Known (State or Country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Signature of Person) Mary & Mary
 Address Vascon Minn. PFB

Death at St. Peter **Date** Feb. 3 1948
 Reported to Minn. (Month, day, year)

Signature of Registrar Carl Sandberg **Date** Feb. 3 1948
 Address Vascon Minn.

File Name Prof. Board For Funerals

Date Received Feb. 5 1948 **Signature of Local Registrar** Carl Sandberg

Not subject pursuant to authority provided and does in the Minnesota State Department of Health No. _____
 1948-5-10-10-10 P.M. 1948

MEDICAL CERTIFICATION

DATE OF DEATH Jan. 30 1948

EDUCATION CERTIFICATE That I attended school from _____
Jan. 29 1947 to Jan. 29 1948

I am now a _____
 In the last 12 months, death occurred at _____
 where, at _____

Signature of Death Carl Sandberg **Signature** Carl Sandberg

Day _____

Day _____

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

Medical conditions Simultaneous
Parkinson disease

STATE OF MINNESOTA)
 COUNTY OF HENNEPIN) SS

I hereby certify that the above is a true and correct copy of the official record on file with the Section of Vital Statistics Registration of the Minnesota State Board of Health.

Dated at Minneapolis

November 17, 1976

Deputy State Registrar
 Minnesota State Board of Health

Any alterations shown were made under the authority of Minnesota Statutes 1971, Section 144.172 and the regulations of the State Board of Health.

Noted or removed period by 10-1-48